$367.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUL 17 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763998-93-98

1. Corporation Name
West Florida Conference of the African Methodist Episcopal Church, Inc

Principal Place of Business / Mailing Address
101 East Union Street Suite 312
Jacksonville FL 32202

REINSTATEMENT 93-98 7/17/98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-0204696 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	DeSue Thomas B	101 East Union St Suite 301	Jacksonville FL 32202
CD	Cummings, Frank C	11857 Honeylocust Dr Jac	Jacksonville FL 32223
D	Thelma S. Young, Rev.	P.O. Box 860 N/K	Marianna FL 3446
D	Sanchez, Joseph E.	1005 MLKing Ave	Crestview FL 32534
D	Barkley, G.T.	1912 Hamilton Court	Quincy FL
D	McNealy, W.E. Rev.	521 Woodland Dr	Pensacola FL 32444
D	Griffin, Calvin, Sr Rev.	1415 Louisanna ave	Lynn Haven, FL 32444

8. Name and Address of Current Registered Agent

Thomas B. DeSue
101 East Union Street Suite 301
Jacksonville FL 32202

9. Name and Address of New Registered Agent

Name 100002600591---7
Street Address (P.O. Box Number is Not Acceptable) 07/28/98--01063--009
***2082.50 ****490.00
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (1/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Thomas B DeSue Date
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Thomas B. DeSue Thomas B DeSue (904) 355-8262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #